

Medicare Advantage in Nebraska



A Guide to Medicare Advantage Insurance Plans 2006

SHIIP

Nebraska Senior Health Insurance Information Program

Nebraska Department of Insurance
941 "O" Street, Suite 400
Lincoln, NE 68508-3639

Phone: 1-800-234-7119
TTY: 1-800-833-7352



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The Facts About Medicare Advantage

Medicare Advantage is the new name for Medicare + Choice Plans. Medicare Advantage offers a variety of health care services, benefits, and, in some cases, prescription drug coverage. This booklet contains basic information about how Medicare Advantage affects your health care choices.

You can choose to get your health care from the Original Medicare Plan, or from a Medicare Advantage Plan in your area. Medicare Advantage Plans include:

- **Private Fee-for-Service Plans (PFFS)**
- **Medicare Preferred Provider Organization Plans (PPO)**
- **Medicare Managed Care Plans (HMO & POS)**
- **Medicare Specialty Plans**

You must have Medicare Part A and Part B to join a Medicare Advantage Plan. Some plans do not charge a monthly premium, but you must continue to pay the Part B premium (\$88.50 in 2006). These plans may also have special rules that you need to follow.

The Medicare Advantage open enrollment period is from January 1st through June 30th, 2006. Beneficiaries may enroll, disenroll, or switch Medicare Advantage Plans one time during this period. In 2007 and beyond, the Medicare Advantage open enrollment period will be from January 1st through March 31st.

If you are covered under the Original Medicare Plan, you may have a Medigap (Medicare supplement insurance) policy to pay the gaps in Original Medicare Plan coverage. Medigap plans only work with the Original Medicare Plan. You don't need to buy a Medicare Advantage Plan if you are satisfied with your current Medigap policy.

Some Medicare Advantage Plans include coverage for prescription drugs. Extra help paying for prescription drugs may be available if you have a low income and limited assets. Contact the Social Security Administration at 1-800-772-1213 to find out if you qualify for extra help.

Medicare Advantage Plans are offered in Nebraska by private companies that sign a contract with Medicare. Medicare pays a set amount of money to these private health plans for your health care. Companies offering Medicare Advantage Plans in the state, as well as co-payment amounts, are outlined on the following pages.

For more information on a specific Medicare Advantage Plan, contact the company; phone numbers and web site addresses are listed in this booklet. If you have general questions about Medicare Advantage, contact the Nebraska Senior Health Insurance Information Program (SHIIP) at 1-800-234-7119.

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Private Fee-for-Service Options

A Private Fee-for-Service (PFFS) plan is a type of Medicare Advantage plan. These plans do not have a “network” of providers. Beneficiaries can go to any provider or hospital *as long as* the provider agrees to bill the PFFS plan instead of Medicare. No referrals are necessary.

Monthly premiums may be lower, but out-of-pocket co-payments may be higher than when the beneficiary was enrolled in Original Medicare and a standard Medicare Supplement policy.

Beneficiaries must continue to pay the Part A (if necessary) and Part B Medicare premium (\$88.50 in 2006).

PFFS plans must accept all Medicare beneficiaries, even those on Medicare due to a disability, and cannot have a waiting period for pre-existing conditions. The exception to this rule are those with End-Stage Renal Disease.

PFFS plans must provide all Medicare-covered services, and may provide additional benefits that Original Medicare does not cover. Additional coverage could include preventive services, physicals, vision, and hearing services. Some PFFS plans offer prescription drug coverage.

Contact the individual plan for more information on any of the benefits listed on the following pages.

Humana Gold Choice

Humana Insurance Company
500 West Main Street
Louisville, KY 40202

1-800-833-2312
www.humana.com

Coverage area: all Nebraska counties

Monthly Premium: \$0

- Beneficiary continues to pay Part B monthly premium (\$88.50 in 2006)

Yearly Out-of-Pocket Maximum:

- \$5,000 for Medicare-covered plan services

Physician Office Visit:

- \$15 for each primary care doctor visit
- \$30 for each specialist doctor visit

Emergency Room Visit:

- 20% of the cost (up to \$50) for each Medicare-covered emergency room visit

Inpatient Hospital Care:

- \$180 each day for day(s) 1-5
- \$0 each day for day(s) 6-90

Skilled Nursing Care:

- \$0 each day for day(s) 1-3
- \$90 each day for day(s) 4-100

Durable Medical Equipment:

- 20% of the cost for each Medicare-covered item

Prescription Drug Coverage:

- \$0 yearly deductible
- \$5 for a 30-day supply (before coverage gap is reached) of generic drugs you get at an in-network preferred pharmacy
- \$30 for a 30-day supply (before coverage gap is reached) of preferred brand drugs you get at an in-network preferred pharmacy

<p>UnitedHealthcare MedicareComp Essential Rx Tier 1</p> <p>United Healthcare Insurance Company 13621 NW 12th Street Sunrise, FL 33323</p> <p>1-888-288-9947 www.medicarecomplete.com</p>	<p>UnitedHealthcare MedicareComp Essential Rx Tier 2</p> <p>United Healthcare Insurance Company 13621 NW 12th Street Sunrise, FL 33323</p> <p>1-888-288-9947 www.medicarecomplete.com</p>
<p>Coverage area: 55 Nebraska counties</p> <ul style="list-style-type: none"> • Arthur, Banner, Blaine, Boone, Box Butte, Brown, Buffalo, Butler, Cedar, Cherry, Cheyenne, Clay, Cuming, Custer, Dawes, Dawson, Deuel, Dixon, Fillmore, Gage, Garden, Gosper, Grant, Hall, Hamilton, Hooker, Jefferson, Johnson, Kearney, Keith, Keya Paha, Kimball, Logan, Loup, McPherson, Madison, Merrick, Morrill, Nance, Nemaha, Pawnee, Phelps, Platte, Polk, Rock, Saline, Scotts Bluff, Seward, Sheridan, Sioux, Stanton, Thayer, Thomas, Wayne, York 	<p>Coverage area: 15 Nebraska counties</p> <ul style="list-style-type: none"> • Burt, Cass, Colfax, Dakota, Dodge, Douglas, Furnas, Lancaster, Otoe, Pierce, Red Willow, Sarpy, Saunders, Thurston, Washington
<p>Monthly Premium: \$0</p> <ul style="list-style-type: none"> • Beneficiary continues to pay Part B monthly premium (\$88.50 in 2006) 	<p>Monthly Premium: \$0</p> <ul style="list-style-type: none"> • Beneficiary continues to pay Part B monthly premium (\$88.50 in 2006)
<p>Yearly Out-of-Pocket Maximum:</p> <ul style="list-style-type: none"> • \$2,900 for select Medicare-covered plan services 	<p>Yearly Out-of-Pocket Maximum:</p> <ul style="list-style-type: none"> • \$3,900 for select Medicare-covered plan services
<p>Physician Office Visit:</p> <ul style="list-style-type: none"> • \$10 for each primary care doctor visit • \$25 for each specialist doctor visit 	<p>Physician Office Visit:</p> <ul style="list-style-type: none"> • \$20 for each primary care doctor visit • \$35 for each specialist doctor visit
<p>Emergency Room Visit:</p> <ul style="list-style-type: none"> • \$50 for each Medicare-covered emergency room visit 	<p>Emergency Room Visit:</p> <ul style="list-style-type: none"> • \$50 for each Medicare-covered emergency room visit
<p>Inpatient Hospital Care:</p> <ul style="list-style-type: none"> • \$265 each day for day(s) 1-11 • \$0 each day for day(s) 12-90 	<p>Inpatient Hospital Care:</p> <ul style="list-style-type: none"> • \$375 each day for day(s) 1-11 • \$0 each day for day(s) 12-90
<p>Skilled Nursing Care:</p> <ul style="list-style-type: none"> • \$125 each day for day(s) 1-24 • \$0 each day for day(s) 25-100 	<p>Skilled Nursing Care:</p> <ul style="list-style-type: none"> • 30% of the cost for each stay at a Medicare-certified skilled nursing facility
<p>Durable Medical Equipment:</p> <ul style="list-style-type: none"> • 20% of the cost for each Medicare-covered item 	<p>Durable Medical Equipment:</p> <ul style="list-style-type: none"> • 30% of the cost for each Medicare-covered item
<p>Prescription Drug Coverage:</p> <ul style="list-style-type: none"> • \$0 yearly deductible • \$3 for a 30-day supply (before coverage gap is reached) of generic drugs you get at an in-network preferred pharmacy • \$28 for a 30-day supply (before coverage gap is reached) of preferred brand drugs you get at an in-network preferred pharmacy 	<p>Prescription Drug Coverage:</p> <ul style="list-style-type: none"> • \$0 yearly deductible • \$3 for a 30-day supply (before coverage gap is reached) of generic drugs you get at an in-network preferred pharmacy • \$28 for a 30-day supply (before coverage gap is reached) of preferred brand drugs you get at an in-network preferred pharmacy

SecureHorizons Direct Plan 1 SecureHorizons Direct PO Box 489 Cypress, CA 90630 1-800-776-8876 www.securehorizons.com	SecureHorizons Direct Plan 2 SecureHorizons Direct PO Box 489 Cypress, CA 90630 1-800-776-8876 www.securehorizons.com
Coverage area: 23 Nebraska counties • Banner, Blaine, Boone, Box Butte, Buffalo, Butler, Cheyenne, Dawes, Dixon, Furnas, Gosper, Greeley, Hooker, Jefferson, Kearney, Kimball, Loup, Phelps, Scotts Bluff, Sheridan, Sioux, Wayne, Wheeler	Coverage area: 13 Nebraska counties • Fillmore, Franklin, Gage, Garfield, Hayes, Hitchcock, Keya Paha, Knox, Madison, Morrill, Rock, Sherman, Stanton
Monthly Premium: \$0 • Beneficiary continues to pay Part B monthly premium (\$88.50 in 2006)	Monthly Premium: \$0 • Beneficiary continues to pay Part B monthly premium (\$88.50 in 2006)
Yearly Out-of-Pocket Maximum: • \$2,000 for all plan services	Yearly Out-of-Pocket Maximum: • \$2,000 for all plan services
Physician Office Visit: • \$5 for each primary care doctor visit • \$15 for each specialist doctor visit	Physician Office Visit: • \$10 for each primary care doctor visit • \$20 for each specialist doctor visit
Emergency Room Visit: • \$50 for each Medicare-covered emergency room visit	Emergency Room Visit: • \$50 for each Medicare-covered emergency room visit
Inpatient Hospital Care: • \$300 per admission	Inpatient Hospital Care: • \$400 per admission
Skilled Nursing Care: • \$0 each day for day(s) 1-10 • \$75 each day for day(s) 11-100	Skilled Nursing Care: • \$0 each day for day(s) 1-10 • \$75 each day for day(s) 11-100
Durable Medical Equipment: • 30% of the cost for each Medicare-covered item	Durable Medical Equipment: • 30% of the cost for each Medicare-covered item
Prescription Drug Coverage: • No prescription drug coverage	Prescription Drug Coverage: • No prescription drug coverage

<p align="center">SecureHorizons Direct Plan 3</p> <p align="center">SecureHorizons Direct PO Box 489 Cypress, CA 90630 1-800-776-8876 www.securehorizons.com</p>	<p align="center">SecureHorizons Direct Plan 4</p> <p align="center">SecureHorizons Direct PO Box 489 Cypress, CA 90630 1-800-776-8876 www.securehorizons.com</p>
<p>Coverage area: 11 Nebraska counties</p> <ul style="list-style-type: none"> • Cedar, Clay, Cuming, Dakota, Dawson, Johnson, McPherson, Platte, Saunders, Seward, Washington 	<p>Coverage area: 22 Nebraska counties</p> <ul style="list-style-type: none"> • Brown, Burt, Cass, Chase, Cherry, Colfax, Deuel, Dodge, Frontier, Hall, Howard, Keith, Lancaster, Merrick, Nemaha, Pawnee, Perkins, Polk, Saline, Sarpy, Valley, York
<p>Monthly Premium: \$0</p> <ul style="list-style-type: none"> • Beneficiary continues to pay Part B monthly premium (\$88.50 in 2006) 	<p>Monthly Premium: \$25</p> <ul style="list-style-type: none"> • Beneficiary continues to pay Part B monthly premium (\$88.50 in 2006)
<p>Yearly Out-of-Pocket Maximum:</p> <ul style="list-style-type: none"> • \$3,000 for all plan services 	<p>Yearly Out-of-Pocket Maximum:</p> <ul style="list-style-type: none"> • \$3,000 for all plan services
<p>Physician Office Visit:</p> <ul style="list-style-type: none"> • \$10 for each primary care doctor visit • \$20 for each specialist doctor visit 	<p>Physician Office Visit:</p> <ul style="list-style-type: none"> • \$10 for each primary care doctor visit • \$20 for each specialist doctor visit
<p>Emergency Room Visit:</p> <ul style="list-style-type: none"> • \$50 for each Medicare-covered emergency room visit 	<p>Emergency Room Visit:</p> <ul style="list-style-type: none"> • \$50 for each Medicare-covered emergency room visit
<p>Inpatient Hospital Care:</p> <ul style="list-style-type: none"> • \$600 per admission 	<p>Inpatient Hospital Care:</p> <ul style="list-style-type: none"> • \$200 each day for day(s) 1-4 • \$0 each day for day(s) 5-90
<p>Skilled Nursing Care:</p> <ul style="list-style-type: none"> • \$0 each day for day(s) 1-10 • \$115 each day for day(s) 11-100 	<p>Skilled Nursing Care:</p> <ul style="list-style-type: none"> • \$0 each day for day(s) 1-10 • \$115 each day for day(s) 11-100
<p>Durable Medical Equipment:</p> <ul style="list-style-type: none"> • 30% of the cost for each Medicare-covered item 	<p>Durable Medical Equipment:</p> <ul style="list-style-type: none"> • 30% of the cost for each Medicare-covered item
<p>Prescription Drug Coverage:</p> <ul style="list-style-type: none"> • No prescription drug coverage 	<p>Prescription Drug Coverage:</p> <ul style="list-style-type: none"> • No prescription drug coverage

<p align="center">SecureHorizons Direct Premier Plan 200</p> <p align="center">Secure Horizons Direct PO Box 489 Cypress, CA 90630 1-800-776-8876 www.securehorizons.com</p>	<p align="center">Sterling Option 1</p> <p align="center">Sterling Life Insurance Company PO Box 1917 Bellingham, WA 98227 1-888-858-8572 www.sterlingplans.com</p>
<p>Coverage area: 69 Nebraska counties</p> <ul style="list-style-type: none"> • Banner, Blaine, Boone, Box Butte, Brown, Buffalo, Burt, Butler, Cass, Cedar, Chase, Cherry, Cheyenne, Clay, Colfax, Cuming, Dakota, Dawes, Dawson, Deuel, Dixon, Dodge, Fillmore, Franklin, Frontier, Furnas, Gage, Garfield, Gosper, Greeley, Hall, Hayes, Hitchcock, Hooker, Howard, Jefferson, Johnson, Kearney, Keith, Keya Paha, Kimball, Knox, Lancaster, Loup, Madison, McPherson, Merrick, Morrill, Nemaha, Pawnee, Perkins, Phelps, Platte, Polk, Rock, Saline, Sarpy, Saunders, Scotts Bluff, Seward, Sheridan, Sherman, Sioux, Stanton, Valley, Washington, Wayne, Wheeler, York 	<p>Coverage area: all Nebraska counties</p>
<p>Monthly Premium: \$85</p> <ul style="list-style-type: none"> • Beneficiary continues to pay Part B monthly premium (\$88.50 in 2006) 	<p>Monthly Premium: \$38 each month</p> <ul style="list-style-type: none"> • Beneficiary continues to pay Part B monthly premium (\$88.50 in 2006)
<p>Yearly Out-of-Pocket Maximum:</p> <ul style="list-style-type: none"> • \$500 for all plan services 	<p>Yearly Out-of-Pocket Maximum:</p> <ul style="list-style-type: none"> • No out-of-pocket maximum
<p>Physician Office Visit:</p> <ul style="list-style-type: none"> • \$0 for each primary care doctor visit • \$0 for each specialist doctor visit 	<p>Physician Office Visit:</p> <ul style="list-style-type: none"> • \$10 for each primary care doctor visit • \$35 for each specialist doctor visit
<p>Emergency Room Visit:</p> <ul style="list-style-type: none"> • \$50 for each Medicare-covered emergency room visit 	<p>Emergency Room Visit:</p> <ul style="list-style-type: none"> • \$50 for each Medicare-covered emergency room visit
<p>Inpatient Hospital Care:</p> <ul style="list-style-type: none"> • \$0 per admission 	<p>Inpatient Hospital Care:</p> <ul style="list-style-type: none"> • \$150 each day for day(s) 1-5 • \$0 each day for day(s) 6-90
<p>Skilled Nursing Care:</p> <ul style="list-style-type: none"> • \$0 each day for day(s) 1-10 • \$115 each day for day(s) 11-100 	<p>Skilled Nursing Care:</p> <ul style="list-style-type: none"> • \$0 each day for day(s) 1-10 • \$35 each day for day(s) 11-100
<p>Durable Medical Equipment:</p> <ul style="list-style-type: none"> • 30% of the cost for each Medicare-covered item 	<p>Durable Medical Equipment:</p> <ul style="list-style-type: none"> • 25% to 50% of the cost for each Medicare-covered item
<p>Prescription Drug Coverage:</p> <ul style="list-style-type: none"> • No prescription drug coverage 	<p>Prescription Drug Coverage:</p> <ul style="list-style-type: none"> • No prescription drug coverage

<p align="center">SecurityChoice Classic Service Area A</p> <p align="center">Unicare Life & Health Insurance Company P.O. Box 9092 Oxnard, CA 93031 1-800-459-1732 www.unicare.com</p>	<p align="center">SecurityChoice Classic Service Area B</p> <p align="center">Unicare Life & Health Insurance Company P.O. Box 9092 Oxnard, CA 93031 1-800-459-1732 www.unicare.com</p>
<p>Coverage area: 82 Nebraska counties</p> <ul style="list-style-type: none"> Adams, Antelope, Arthur, Banner, Blaine, Boone, Box Butte, Boyd, Brown, Buffalo, Butler, Cass, Cedar, Chase, Cherry, Cheyenne, Clay, Colfax, Cuming, Custer, Dawes, Dawson, Deuel, Dixon, Dundy, Fillmore, Franklin, Frontier, Furnas, Gage, Garden, Garfield, Gosper, Grant, Greeley, Hall, Hamilton, Harlan, Hayes, Hitchcock, Holt, Hooker, Howard, Jefferson, Johnson, Kearney, Keith, Keya Paha, Kimball, Knox, Logan, Loup, Madison, McPherson, Merrick, Morrill, Nance, Nemaha, Nuckolls, Otoe, Pawnee, Phelps, Pierce, Platte, Polk, Richardson, Rock, Saline, Scotts Bluff, Seward, Sheridan, Sherman, Sioux, Stanton, Thayer, Thomas, Valley, Washington, Wayne, Webster, Wheeler, York 	<p>Coverage area: 2 Nebraska counties</p> <ul style="list-style-type: none"> Dakota, Lancaster
<p>Monthly Premium: \$0</p> <ul style="list-style-type: none"> Beneficiary continues to pay Part B monthly premium (\$88.50 in 2006) 	<p>Monthly Premium: \$29</p> <ul style="list-style-type: none"> Beneficiary continues to pay Part B monthly premium (\$88.50 in 2006)
<p>Yearly Out-of-Pocket Maximum:</p> <ul style="list-style-type: none"> Contact the plan for this information 	<p>Yearly Out-of-Pocket Maximum:</p> <ul style="list-style-type: none"> Contact the plan for this information
<p>Physician Office Visit:</p> <ul style="list-style-type: none"> \$10 for each primary care doctor visit \$10 for each specialist doctor visit 	<p>Physician Office Visit:</p> <ul style="list-style-type: none"> \$10 for each primary care doctor visit \$10 for each specialist doctor visit
<p>Emergency Room Visit:</p> <ul style="list-style-type: none"> \$50 for each Medicare-covered emergency room visit 	<p>Emergency Room Visit:</p> <ul style="list-style-type: none"> \$50 for each Medicare-covered emergency room visit
<p>Inpatient Hospital Care:</p> <ul style="list-style-type: none"> \$150 each day for day(s) 1-5 \$0 each day for day(s) 6-90 	<p>Inpatient Hospital Care:</p> <ul style="list-style-type: none"> \$150 each day for day(s) 1-5 \$0 each day for day(s) 6-90
<p>Skilled Nursing Care:</p> <ul style="list-style-type: none"> \$0 each day for day(s) 1-20 \$75 each day for day(s) 21-100 	<p>Skilled Nursing Care:</p> <ul style="list-style-type: none"> \$0 each day for day(s) 1-20 \$75 each day for day(s) 21-100
<p>Durable Medical Equipment:</p> <ul style="list-style-type: none"> 30% of the cost for each Medicare-covered item 	<p>Durable Medical Equipment:</p> <ul style="list-style-type: none"> 30% of the cost for each Medicare-covered item
<p>Prescription Drug Coverage:</p> <ul style="list-style-type: none"> No prescription drug coverage 	<p>Prescription Drug Coverage:</p> <ul style="list-style-type: none"> No prescription drug coverage

<p align="center">SecurityChoice Plus Service Area A</p> <p align="center">Unicare Life & Health Insurance Company P.O. Box 9092 Oxnard, CA 93031 1-800-459-1732 www.unicare.com</p>	<p align="center">SecurityChoice Plus Service Area B</p> <p align="center">Unicare Life & Health Insurance Company P.O. Box 9092 Oxnard, CA 93031 1-800-459-1732 www.unicare.com</p>
<p>Coverage area: 82 Nebraska counties</p> <ul style="list-style-type: none"> Adams, Antelope, Arthur, Banner, Blaine, Boone, Box Butte, Boyd, Brown, Buffalo, Butler, Cass, Cedar, Chase, Cherry, Cheyenne, Clay, Colfax, Cuming, Custer, Dawes, Dawson, Deuel, Dixon, Dundy, Fillmore, Franklin, Frontier, Furnas, Gage, Garden, Garfield, Gosper, Grant, Greeley, Hall, Hamilton, Harlan, Hayes, Hitchcock, Holt, Hooker, Howard, Jefferson, Johnson, Kearney, Keith, Keya Paha, Kimball, Knox, Logan, Loup, Madison, McPherson, Merrick, Morrill, Nance, Nemaha, Nuckolls, Otoe, Pawnee, Phelps, Pierce, Platte, Polk, Richardson, Rock, Saline, Scotts Bluff, Seward, Sheridan, Sherman, Sioux, Stanton, Thayer, Thomas, Valley, Washington, Wayne, Webster, Wheeler, York 	<p>Coverage area: 2 Nebraska counties</p> <ul style="list-style-type: none"> Dakota, Lancaster
<p>Monthly Premium: \$4 for your medical benefits and \$9 for your prescription benefits</p> <ul style="list-style-type: none"> Beneficiary continues to pay Part B monthly premium (\$88.50 in 2006) 	<p>Monthly Premium: \$12.22 for your medical benefits and \$26.78 for your prescription benefits</p> <ul style="list-style-type: none"> Beneficiary continues to pay Part B monthly premium (\$88.50 in 2006)
<p>Yearly Out-of-Pocket Maximum:</p> <ul style="list-style-type: none"> Contact the plan for this information 	<p>Yearly Out-of-Pocket Maximum:</p> <ul style="list-style-type: none"> Contact the plan for this information
<p>Physician Office Visit:</p> <ul style="list-style-type: none"> \$10 for each primary care doctor visit \$25 for each specialist doctor visit 	<p>Physician Office Visit:</p> <ul style="list-style-type: none"> \$10 for each primary care doctor visit \$25 for each specialist doctor visit
<p>Emergency Room Visit:</p> <ul style="list-style-type: none"> \$50 for each Medicare-covered emergency room visit 	<p>Emergency Room Visit:</p> <ul style="list-style-type: none"> \$50 for each Medicare-covered emergency room visit
<p>Inpatient Hospital Care:</p> <ul style="list-style-type: none"> \$200 each day for day(s) 1-5 \$0 each day for day(s) 6-90 	<p>Inpatient Hospital Care:</p> <ul style="list-style-type: none"> \$200 each day for day(s) 1-5 \$0 each day for day(s) 6-90
<p>Skilled Nursing Care:</p> <ul style="list-style-type: none"> \$0 each day for day(s) 1-20 \$100 each day for day(s) 21-100 	<p>Skilled Nursing Care:</p> <ul style="list-style-type: none"> \$0 each day for day(s) 1-20 \$100 each day for day(s) 21-100
<p>Durable Medical Equipment:</p> <ul style="list-style-type: none"> 30% of the cost for each Medicare-covered item 	<p>Durable Medical Equipment:</p> <ul style="list-style-type: none"> 30% of the cost for each Medicare-covered item
<p>Prescription Drug Coverage:</p> <ul style="list-style-type: none"> \$250 yearly deductible \$5 for a 30-day supply (before coverage gap is reached) of generic drugs you get at an in-network preferred pharmacy \$25 for a 30-day supply (before coverage gap is reached) of preferred brand drugs you get at an in-network preferred pharmacy 	<p>Prescription Drug Coverage:</p> <ul style="list-style-type: none"> \$250 yearly deductible \$5 for a 30-day supply (before coverage gap is reached) of generic drugs you get at an in-network preferred pharmacy \$25 for a 30-day supply (before coverage gap is reached) of preferred brand drugs you get at an in-network preferred pharmacy

Preferred Provider Organization Options

In 2006, a new Medicare Advantage Option became available - Regional Preferred Provider Organizations (PPOs). A Medicare PPO has a list, or “network,” of doctors, hospitals, and other providers that you can visit. You may go to doctors, specialists, or hospitals that aren’t part of the plan’s network, but it will cost you more.

Most Medicare PPOs offer some type of prescription drug coverage. Some plans also offer additional benefits, such as vision and hearing screenings, disease management, and other services not covered under the Original Medicare Plan. Monthly premiums and co-payments will vary depending on the plan.

If a Regional PPO charges a deductible, you only have to pay a single deductible. Under the Original Medicare Plan, you pay a Part A deductible for hospital services and a Part B deductible for medical services. Regional PPOs also must have a limit on the maximum amount you pay for both in and out of network care.

These plans must accept all Medicare beneficiaries, even those on Medicare due to a disability, and cannot have a waiting period for pre-existing conditions. The exception to this rule are those with End-Stage Renal Disease.

It is illegal for someone to sell you a Medigap policy if you are in an HMO or PPO plan.

Blue Cross and Blue Shield was selected to provide PPO services in this region.

Contact Blue Cross and Blue Shield for more information on any of the benefits listed on the following pages.

MedicareBlue PPO Essential

Blue Cross and Blue Shield of Nebraska
Customer Service, P.O. Box 995
Blue Bell, PA 19422

1-866-456-7731
www.yourmedicareolutions.com

Coverage area: all Nebraska counties

Monthly Premium: \$30.22

- Beneficiary continues to pay Part B monthly premium (\$88.50 in 2006)

Yearly Out-of-Pocket Maximum:

- \$2,900 for Medicare-covered plan services

Physician Office Visit:

- \$25 for each primary care doctor visit
- \$25 for each specialist doctor visit

Emergency Room Visit:

- \$50 for each Medicare-covered emergency room visit

Inpatient Hospital Care:

- \$500 for each Medicare-covered stay at a network hospital

Skilled Nursing Care:

- \$0 each day for day(s) 1-20
- \$100 each day for day(s) 21-100

Durable Medical Equipment:

- 20% of the cost for each Medicare-covered item

Prescription Drug Coverage:

- No prescription drug coverage

<p>MedicareBlue PPO Essential Plus Rx 1</p> <p>Blue Cross and Blue Shield of Nebraska Customer Service, P.O. Box 995 Blue Bell, PA 19422</p> <p>1-866-456-7731 www.yourmedicareolutions.com</p>	<p>MedicareBlue PPO Enhanced</p> <p>Blue Cross and Blue Shield of Nebraska Customer Service, P.O. Box 995 Blue Bell, PA 19422</p> <p>1-866-456-7731 www.yourmedicareolutions.com</p>
<p>Coverage area: all Nebraska counties</p>	<p>Coverage area: all Nebraska counties</p>
<p>Monthly Premium: \$30.22 for your medical benefits and \$40.58 for your prescription benefits</p> <ul style="list-style-type: none"> Beneficiary continues to pay Part B monthly premium (\$88.50 in 2006) 	<p>Monthly Premium: \$84.02</p> <ul style="list-style-type: none"> Beneficiary continues to pay Part B monthly premium (\$88.50 in 2006)
<p>Yearly Out-of-Pocket Maximum:</p> <ul style="list-style-type: none"> \$2,900 for Medicare-covered plan services 	<p>Yearly Out-of-Pocket Maximum:</p> <ul style="list-style-type: none"> \$1,000 for Medicare-covered plan services
<p>Physician Office Visit:</p> <ul style="list-style-type: none"> \$25 for each primary care doctor visit \$25 for each specialist doctor visit 	<p>Physician Office Visit:</p> <ul style="list-style-type: none"> \$10 for each primary care doctor visit \$10 for each specialist doctor visit
<p>Emergency Room Visit:</p> <ul style="list-style-type: none"> \$50 for each Medicare-covered emergency room visit 	<p>Emergency Room Visit:</p> <ul style="list-style-type: none"> \$50 for each Medicare-covered emergency room visit
<p>Inpatient Hospital Care:</p> <ul style="list-style-type: none"> \$500 for each Medicare-covered stay at a network hospital 	<p>Inpatient Hospital Care:</p> <ul style="list-style-type: none"> \$100 for each Medicare-covered stay at a network hospital
<p>Skilled Nursing Care:</p> <ul style="list-style-type: none"> \$0 each day for day(s) 1-20 \$100 each day for day(s) 21-100 	<p>Skilled Nursing Care:</p> <ul style="list-style-type: none"> \$0 each day for day(s) 1-20 \$50 each day for day(s) 21-100
<p>Durable Medical Equipment:</p> <ul style="list-style-type: none"> 20% of the cost for each Medicare-covered item 	<p>Durable Medical Equipment:</p> <ul style="list-style-type: none"> 10% of the cost for each Medicare-covered item
<p>Prescription Drug Coverage:</p> <ul style="list-style-type: none"> \$250 yearly deductible \$5 for a 31-day supply (before coverage gap is reached) of generic drugs you get at an in-network preferred pharmacy \$24 for a 31-day supply (before coverage gap is reached) of preferred brand drugs you get at an in-network preferred pharmacy 	<p>Prescription Drug Coverage:</p> <ul style="list-style-type: none"> No prescription drug coverage

<p>MedicareBlue PPO Enhanced Plus Rx 1</p> <p>Blue Cross and Blue Shield of Nebraska Customer Service, P.O. Box 995 Blue Bell, PA 19422</p> <p>1-866-456-7731 www.yourmedicare resolutions.com</p>	<p>MedicareBlue PPO Enhanced Plus Rx 2</p> <p>Blue Cross and Blue Shield of Nebraska Customer Service, P.O. Box 995 Blue Bell, PA 19422</p> <p>1-866-456-7731 www.yourmedicare resolutions.com</p>
<p>Coverage area: all Nebraska counties</p>	<p>Coverage area: all Nebraska counties</p>
<p>Monthly Premium: \$84.02 for your medical benefits and \$40.58 for your prescription benefits</p> <ul style="list-style-type: none"> Beneficiary continues to pay Part B monthly premium (\$88.50 in 2006) 	<p>Monthly Premium: \$84.02 for your medical benefits and \$53.90 for your prescription benefits</p> <ul style="list-style-type: none"> Beneficiary continues to pay Part B monthly premium (\$88.50 in 2006)
<p>Yearly Out-of-Pocket Maximum:</p> <ul style="list-style-type: none"> \$1,000 for Medicare-covered plan services 	<p>Yearly Out-of-Pocket Maximum:</p> <ul style="list-style-type: none"> \$1,000 for Medicare-covered plan services
<p>Physician Office Visit:</p> <ul style="list-style-type: none"> \$10 for each primary care doctor visit \$10 for each specialist doctor visit 	<p>Physician Office Visit:</p> <ul style="list-style-type: none"> \$10 for each primary care doctor visit \$10 for each specialist doctor visit
<p>Emergency Room Visit:</p> <ul style="list-style-type: none"> \$50 for each Medicare-covered emergency room visit 	<p>Emergency Room Visit:</p> <ul style="list-style-type: none"> \$50 for each Medicare-covered emergency room visit
<p>Inpatient Hospital Care:</p> <ul style="list-style-type: none"> \$100 for each Medicare-covered stay at a network hospital 	<p>Inpatient Hospital Care:</p> <ul style="list-style-type: none"> \$100 for each Medicare-covered stay at a network hospital
<p>Skilled Nursing Care:</p> <ul style="list-style-type: none"> \$0 each day for day(s) 1-20 \$50 each day for day(s) 21-100 	<p>Skilled Nursing Care:</p> <ul style="list-style-type: none"> \$0 each day for day(s) 1-20 \$50 each day for day(s) 21-100
<p>Durable Medical Equipment:</p> <ul style="list-style-type: none"> 10% of the cost for each Medicare-covered item 	<p>Durable Medical Equipment:</p> <ul style="list-style-type: none"> 10% of the cost for each Medicare-covered item
<p>Prescription Drug Coverage:</p> <ul style="list-style-type: none"> \$250 yearly deductible \$5 for a 31-day supply (before coverage gap is reached) of generic drugs you get at an in-network preferred pharmacy \$24 for a 31-day supply (before coverage gap is reached) of preferred brand drugs you get at an in-network preferred pharmacy 	<p>Prescription Drug Coverage:</p> <ul style="list-style-type: none"> \$0 yearly deductible \$5 for a 31-day supply (before coverage gap is reached) of generic drugs you get at an in-network preferred pharmacy \$20 for a 31-day supply (before coverage gap is reached) of preferred brand drugs you get at an in-network preferred pharmacy

Notes

Managed Care Plans (HMO & POS)

Medicare Health Maintenance Organizations (HMOs) and Point-of-Service (POS) Plans are both types of Medicare Advantage Plans.

HMO and POS Plans may provide additional coverage, including preventive services, physicals, vision and hearing services, and/or prescription drug benefits.

Each plan determines its own rates and charges, including monthly premium, co-payments, deductibles, co-insurance, and excess charges. Monthly premiums may be lower, but out-of-pocket co-payments may be higher than when enrolled in the Original Medicare Plan and a standard Medicare Supplement Plan.

Beneficiaries electing coverage through an HMO must use the network's providers, and choose a primary care physician. Referrals are required from the primary care physician in order to visit a specialist.

Beneficiaries electing coverage through a POS plan may go to doctors or hospitals that are "out-of-network," but may have to pay a higher co-pay. No primary care physician is required, and no referrals are needed to visit a specialist.

These plans must accept all Medicare beneficiaries, including those on Medicare due to a disability, and cannot have a waiting period for pre-existing conditions. The exception to this rule are those with End-Stage Renal Disease.

Contact the individual plan for more information on any of the benefits listed on the following pages.

<p>UnitedHealthcare Medicare Complete Rx HMO with Part D</p> <p>United Healthcare of the Midlands, Inc. 2717 N 118th Circle Omaha, NE 68164</p> <p>1-800-641-1998 www.medicarecomplete.com</p>	<p>UnitedHealthcare Medicare Complete HMO without Part D</p> <p>United Healthcare of the Midlands, Inc. 2717 N 118th Circle Omaha, NE 68164</p> <p>1-800-641-1998 www.medicarecomplete.com</p>
<p>Coverage area: 1 Nebraska county</p> <ul style="list-style-type: none"> • Douglas 	<p>Coverage area: 1 Nebraska county</p> <ul style="list-style-type: none"> • Douglas
<p>Monthly Premium: \$0</p> <ul style="list-style-type: none"> • Beneficiary continues to pay Part B monthly premium (\$88.50 in 2006) 	<p>Monthly Premium: \$0</p> <ul style="list-style-type: none"> • Beneficiary continues to pay Part B monthly premium (\$88.50 in 2006)
<p>Yearly Out-of-Pocket Maximum:</p> <ul style="list-style-type: none"> • \$4,800 for select Medicare-covered plan services 	<p>Yearly Out-of-Pocket Maximum:</p> <ul style="list-style-type: none"> • \$4,200 for select Medicare-covered plan services
<p>Physician Office Visit:</p> <ul style="list-style-type: none"> • \$15 for each primary care doctor visit • \$25 for each specialist doctor visit 	<p>Physician Office Visit:</p> <ul style="list-style-type: none"> • \$10 for each primary care doctor visit • \$15 for each specialist doctor visit
<p>Emergency Room Visit:</p> <ul style="list-style-type: none"> • \$50 for each Medicare-covered emergency room visit 	<p>Emergency Room Visit:</p> <ul style="list-style-type: none"> • \$50 for each Medicare-covered emergency room visit
<p>Inpatient Hospital Care:</p> <ul style="list-style-type: none"> • \$280 each day for day(s) 1-18 • \$0 each day for day(s) 19-90 	<p>Inpatient Hospital Care:</p> <ul style="list-style-type: none"> • \$265 each day for day(s) 1-16 • \$0 each day for day(s) 17-90
<p>Skilled Nursing Care:</p> <ul style="list-style-type: none"> • \$150 each day for day(s) 1-32 • \$0 each day for day(s) 33-100 	<p>Skilled Nursing Care:</p> <ul style="list-style-type: none"> • \$150 each day for day(s) 1-28 • \$0 each day for day(s) 29-100
<p>Durable Medical Equipment:</p> <ul style="list-style-type: none"> • 20% of the cost for each Medicare-covered item 	<p>Durable Medical Equipment:</p> <ul style="list-style-type: none"> • 20% of the cost for each Medicare-covered item
<p>Prescription Drug Coverage:</p> <ul style="list-style-type: none"> • \$0 yearly deductible • \$3 for a 30-day supply (before coverage gap is reached) of generic drugs you get at an in-network preferred pharmacy • \$28 for a 30-day supply (before coverage gap is reached) of preferred brand drugs you get at an in-network preferred pharmacy 	<p>Prescription Drug Coverage:</p> <ul style="list-style-type: none"> • No prescription drug coverage

UnitedHealthcare Medicare Comp Choice Rx POS with Part D United Healthcare Insurance Company 2717 N 118th Circle Omaha, NE 68164 1-800-641-1998 www.medicarecomplete.com	UnitedHealthcare Medicare Complete Choice POS without Part D United Healthcare Insurance Company 2717 N 118th Circle Omaha, NE 68164 1-800-641-1998 www.medicarecomplete.com
Coverage area: 1 Nebraska county • Douglas	Coverage area: 1 Nebraska county • Douglas
Monthly Premium: \$0 • Beneficiary continues to pay Part B monthly premium (\$88.50 in 2006)	Monthly Premium: \$0 • Beneficiary continues to pay Part B monthly premium (\$88.50 in 2006)
Yearly Out-of-Pocket Maximum: • \$4,300 for select Medicare-covered plan services	Yearly Out-of-Pocket Maximum: • \$3,400 for select Medicare-covered plan services
Physician Office Visit: • \$20 for each primary care doctor visit • \$25 for each specialist doctor visit	Physician Office Visit: • \$15 for each primary care doctor visit • \$15 for each specialist doctor visit
Emergency Room Visit: • \$50 for each Medicare-covered emergency room visit	Emergency Room Visit: • \$50 for each Medicare-covered emergency room visit
Inpatient Hospital Care: • \$265 each day for day(s) 1-17 • \$0 each day for day(s) 18-90	Inpatient Hospital Care: • \$265 each day for day(s) 1-13 • \$0 each day for day(s) 14-90
Skilled Nursing Care: • \$150 each day for day(s) 1-31 • \$0 each day for day(s) 32-100	Skilled Nursing Care: • \$150 each day for day(s) 1-23 • \$0 each day for day(s) 24-100
Durable Medical Equipment: • 20% of the cost for each Medicare-covered item	Durable Medical Equipment: • 20% of the cost for each Medicare-covered item
Prescription Drug Coverage: • \$0 yearly deductible • \$3 for a 30-day supply (before coverage gap is reached) of generic drugs you get at an in-network preferred pharmacy • \$28 for a 30-day supply (before coverage gap is reached) of preferred brand drugs you get at an in-network preferred pharmacy	Prescription Drug Coverage: • No prescription drug coverage

UnitedHealthcare Medicare Comp Choice Rx Rural POS with Part D United Healthcare Insurance Company 2717 N 118th Circle Omaha, NE 68164 1-800-641-1998 www.medicarecomplete.com	UnitedHealthcare Medicare Complete Choice Rural POS without Part D United Healthcare Insurance Company 2717 N 118th Circle Omaha, NE 68164 1-800-641-1998 www.medicarecomplete.com
Coverage area: 5 Nebraska counties • Burt, Cass, Otoe, Sarpy, Washington	Coverage area: 5 Nebraska counties • Burt, Cass, Otoe, Sarpy, Washington
Monthly Premium: \$0 • Beneficiary continues to pay Part B monthly premium (\$88.50 in 2006)	Monthly Premium: \$0 • Beneficiary continues to pay Part B monthly premium (\$88.50 in 2006)
Yearly Out-of-Pocket Maximum: • \$4,200 for select Medicare-covered plan services	Yearly Out-of-Pocket Maximum: • \$3,400 for select Medicare-covered plan services
Physician Office Visit: • \$20 for each primary care doctor visit • \$25 for each specialist doctor visit	Physician Office Visit: • \$15 for each primary care doctor visit • \$15 for each specialist doctor visit
Emergency Room Visit: • \$50 for each Medicare-covered emergency room visit	Emergency Room Visit: • \$50 for each Medicare-covered emergency room visit
Inpatient Hospital Care: • \$265 each day for day(s) 1-16 • \$0 each day for day(s) 17-90	Inpatient Hospital Care: • \$265 each day for day(s) 1-13 • \$0 each day for day(s) 14-90
Skilled Nursing Care: • \$150 each day for day(s) 1-30 • \$0 each day for day(s) 31-100	Skilled Nursing Care: • \$150 each day for day(s) 1-23 • \$0 each day for day(s) 24-100
Durable Medical Equipment: • 20% of the cost for each Medicare-covered item	Durable Medical Equipment: • 20% of the cost for each Medicare-covered item
Prescription Drug Coverage: • \$0 yearly deductible • \$3 for a 30-day supply (before coverage gap is reached) of generic drugs you get at an in-network preferred pharmacy • \$28 for a 30-day supply (before coverage gap is reached) of preferred brand drugs you get at an in-network preferred pharmacy	Prescription Drug Coverage: • No prescription drug coverage

Medicare Specialty/Special Needs Plans

Medicare Specialty, or Special Needs Plans, offered by United Healthcare, are a special type of Medicare Advantage Plan that provides health care for specific groups of people, such as those who have both Medicare and Medicaid, or those who reside in a nursing home.

Contact United Healthcare for more information on any of the benefits listed below.

<p>Evercare Plan IH <i>Special Needs Plan for Long-Term Care</i> United Healthcare of the Midlands, Inc. 2717 N 118th Circle Omaha, NE 68164 1-800-641-1998 www.medicarecomplete.com</p>	<p>Evercare Plan DH <i>Special Needs Plan for Medicare & Medicaid</i> United Healthcare Insurance Company 2717 N 118th Circle Omaha, NE 68164 1-800-641-1998 www.medicarecomplete.com</p>
<p>Coverage area: 1 Nebraska county • Douglas</p>	<p>Coverage area: 6 Nebraska counties • Burt, Cass, Douglas, Otoe, Sarpy, Washington</p>
<p>Monthly Premium: \$0 for your medical benefits and \$29.02 for your prescription benefits • Beneficiary continues to pay Part B monthly premium (\$88.50 in 2006)</p>	<p>Monthly Premium: \$0 for your medical benefits and \$15.55 for your prescription benefits • Beneficiary continues to pay Part B monthly premium (\$88.50 in 2006)</p>
<p>Yearly Out-of-Pocket Maximum: • \$3,250 for select Medicare-covered plan services</p>	<p>Yearly Out-of-Pocket Maximum: • \$600 for select Medicare-covered plan services</p>
<p>Physician Office Visit: • \$0 for each primary care doctor visit • 20% for each specialist doctor visit</p>	<p>Physician Office Visit: • \$2 for each primary care doctor visit • \$4 for each specialist doctor visit</p>
<p>Emergency Room Visit: • \$50 for each Medicare-covered emergency room visit</p>	<p>Emergency Room Visit: • \$40 for each Medicare-covered emergency room visit</p>
<p>Inpatient Hospital Care: • \$195 each day for day(s) 1-17 • \$0 each day for day(s) 18-90</p>	<p>Inpatient Hospital Care: • \$25 each day for day(s) 1-24 • \$0 each day for day(s) 25-90</p>
<p>Skilled Nursing Care: • No co-payment required</p>	<p>Skilled Nursing Care: • \$15 each day for day(s) 1-40 • \$0 each day for day(s) 41-100</p>
<p>Durable Medical Equipment: • 20% of the cost for each Medicare-covered item</p>	<p>Durable Medical Equipment: • 20% of the cost for each Medicare-covered item</p>
<p>Prescription Drug Coverage: • \$0 yearly deductible • \$4 for a 30-day supply (before coverage gap is reached) of generic drugs you get at an in-network preferred pharmacy • \$28 for a 30-day supply (before coverage gap is reached) of preferred brand drugs you get at an in-network preferred pharmacy</p>	<p>Prescription Drug Coverage: • \$0 yearly deductible • \$3 for a 30-day supply (before coverage gap is reached) of generic drugs you get at an in-network preferred pharmacy • \$28 for a 30-day supply (before coverage gap is reached) of preferred brand drugs you get at an in-network preferred pharmacy</p>